

ROSSFORD EXEMPTED VILLAGE SCHOOLS

VOLUNTEER RELEASE FORM

I, _____, have offered my services as a volunteer to
(volunteer's printed name)
help the School District in the following areas:

I agree to abide by all relevant Board policies and administrative guidelines while participating as a volunteer for the District *. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while participating as a volunteer for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, the District requires its volunteers to obtain an Ohio Bureau of Criminal Identification and Investigation (BCII) criminal history record check as well as a Federal Bureau of Investigation (FBI) criminal history record check. Questions regarding BCII and FBI criminal history record checks should be directed to the Rossford Schools Administrative and Board of Education Offices located at 325 Superior Street, Rossford, Ohio or by calling 419.666.2010. Criminal history background checks must be on file with the Rossford Board of Education Office before a volunteer is approved by the Rossford Board of Education.

Volunteer's Signature

Date

Address, City, State and Zip Code

Telephone Number

District Witness' Signature

Date